Reports of the SA Heart® standing committees and projects

Education Committee

Committee members
Andiswa Nzimela, Mpiko Ntsekhe, Ashley Chin, Ruan Louw, Johan Brink, Nqoba Tsabedze, Hopewell Ntsinjana, Martin Mpe and Antoinette Cilliers.

The role of the education committee continues to evolve. Where the committee previously directed most educational activities, it now plays more of an oversight role, ensuring equitable support for all interest groups that fall under the banner of SA Heart®. Many successful education activities have been organised over the past year and have been well attended by society members. ISCAP in particular, continues to grow from strength to strength. The biggest challenge, however, has been the changing interaction with our industry partners. As you will all be aware, the new MedTech rules came into effect in January 2018 and have changed the landscape of financial support for educational activities in a very drastic way. The pilot project for implementation of these rules was the annual Africa PCR Congress held in March 2018 in Cape Town. Attendance of this Congress fell significantly, particularly in terms of allied healthcare professionals, who did not manage to secure support to attend the meeting under the new rules. Similarly, with EuroPCR and ESC, the number of South African delegates attending these meetings has fallen sharply. This has occurred despite many reassurances from our industry partners that the degree of support for these independently sponsored congresses would not be significantly affected. Clearly, more has to be done between SA Heart® and our industry partners to ensure that the new rules do not result in the death of further education and training in cardiology, particularly for the South African medical community. This will continue to be a challenge not only for the education committee, but the SA Heart® executive as a whole together with the executives of all the special interest groups.

An exciting new project is taking shape that should add significant value to membership of SA Heart®. We are still in the process of establishing an online platform where videos can be accessed by SA Heart® members through our society website. Questionnaires accompanying each of these videos can then be answered online to earn CPD points. Society members are encouraged to utilise this resource once it has become available.

Lastly, may I once again take the opportunity to encourage all society members to actively participate in our educational activities. Without member participation, our collective knowledge begins to stagnate which impacts on the quality of care we provide our patients.

Tawanda Butau, Chairperson of the Education Committee

ETHICS AND GUIDELINES COMMITTEE

Committee members
Eric Klug (Chairman), Cobus Badenhorst, George Comitis, Antoinette Cilliers, James Fulton, Firoza Motara, Pro Obel,
Les Osrin and Alfonso Pecoraro.

**Guideline activities 2017 - 2018**
- Intravenous iron national consensus paper – in press
- CRT-P/CRT-D/ICD SHARE registry document – remains in planning
- Revised HFrEF guideline – completed, in press
- Revised dyslipidaemia guideline – completed, in press

**Request for an updated guideline**
- hs Troponin NSTEMI Guideline

Publishing therapeutic guidelines in the SAMJ has become a difficult process. These are the points that must be borne in mind when preparing a guideline for submission to the SAMJ:
  - Is the article relevant?
  - Does it offer anything new?
  - Are there similar studies in our region/outside the region?
  - Does it add to the existing medical body of knowledge?
  - On first glance, are the methods, results and conclusions reasonable?
  - Do the conclusions actually draw on the results?
  - Does the article have a clear message?
  - Will it help SAMJ readers make better clinical decisions and, if so, how?
  - Is a general medical journal the right place for it?

The AGREE II approach is being applied to all submitted guidelines to the SAMJ. The AGREE II Instrument is a generic tool designed primarily to help guideline developers and users assess the methodological quality of guidelines.

**Ethic Activities 2017**
No consultation was sought regarding substantive ethical issues.

**Eric Klug, Chairman, Ethics and Guidelines Committee**

**SA Heart® FULLTIME SALARIED PRACTICE COMMITTEE**

As previously, the committee is suboptimally constituted, with no representation from some of the SA Heart® special interest groups, despite the different calls for participation. I think a huge part of the problem is that the exact role of the committee has not been clarified, and even many of the roles suggested at the 2017 Advisory Board meeting are being performed by other committee within SA Heart®.

The activities this year have included a closer working relationship with the Heart and Stroke Foundation of South Africa and collaborating on celebration of certain world health days. We also gave input into the latest iteration of the cardiovascular section of Standard Treatment Guidelines and Essential Medicines List for Primary Healthcare.

I have accepted several radio interviews to discuss heart disease with lay people, as part of my role on this committee.

A suggestion had been made that the committee should focus on alignment of the curriculum for training of cardiologists in South Africa with the national agenda. In the
end, we decided not to venture into this area, as it clearly seemed the role of academic cardiologists in teaching hospitals.

Ntobeko Ntusi, Chairperson of the SA Heart® Fulltime Salaried Committee

SASCI PRIVATE PRACTICE COMMITTEE

Committee members
Jean Paul Theron (Chairman), Jean Vorster, David Jankelow, Gavin Angel, Graham Cassel, Dave Kettes and Andrew Thornton (CASSA).

- SASCI Coding - Considering developing a CPT cross walk (vendors are being approached).
- SASCI PPC has been involved in addressing coding “issues” raised by for example Discovery Health (practice audits), on behalf of our members as well as issues of Vascular Codes that have not been reimbursed. Members are requested to bring issues to our attention to allow us to minimise impact on your individual practice.
- Please see the separate SASCI Legal Update from Elsabe Klinck & Associates covering HMI, PMB, CMS, and various other areas of regulations.
- Elsabe Klinck & Associates provided members with some seminal advice during Aug 2018
  • Awareness of and guidance in relation to forensic investigations by medical schemes.
  • Informed consent: law, ethics and proposed template.
  • Update on new requirements for prescriptions.
- SASCI (PPC) continually evaluates the benefits of joining SAPPF (as a group) as they spearhead a lot of legal activities for specialist groups. In addition, companies such as Spesnet/Expedient offers various possible services (such as coding) that could also through SASCI be “sourced” for members.

Competition commission
“Self-determination” of cardiologists: CC indicated route will be through application for exemption from certain onerous sections of the Competition Act. SASCI members approved the budget at 2017 AGM to explore an application for exemption (projected expense up to a R 1 million over two years). Legal opinions gained subsequently rendered conflicting opinions - “not possible to gain exemption”, to have “a watchful waiting approach and to learn from others seeking exemption”.
At a cost of R 1million it seems more sensible to wait and see how others fare in their applications, rather than pursuing an extremely costly process with little prospect of meaningful benefit.

The future “Self Determination”
Our PPC aims to secure the independent future of interventional cardiologists. We should be able to negotiate freely with Funders through a representative body. We could then within the limits of law and coding guidelines, advise funders on how our members will code, and at what rates. This could ultimately lead to a Business Unit (BU), and within this, a negotiating forum.
We could then serve our private practice members with commercial advice and negotiate effectively with funders on their behalf. This would of course involve fulltime management and part time clinical coding support, and we envisage that such a business unit membership would cost a Cardiologist (who is a member of SASCI) roughly R2 500 per month. The main benefit envisaged would be accepted billing guidelines, reduction in the effort of motivations and approvals follow up, reduction in disputed and thus unpaid bills, representatives at the highest level including in the setting of fees, and assistance in, hopefully very occasional, cases of dispute resolution.

Jean Paul Theron, Chairman, SASCI, Private Practice Committee

SA Heart® Journal and Newsletter

Editor
Anton Doubell
Sub-Editors

Editor SA Heart® Newsletter
Blanche Cupido

Editorial Board

The untimely death of Professor Bongani Mayosi during the year is a great loss to us all, and also to the Journal which benefitted enormously from his guidance. SA Heart® mourns the loss and salutes the memory of Bongani Mayosi.

2018 saw Blanche Cupido take over the mantle of Newsletter editor, following in the footsteps of Sajidah Khan who set the standard of an interesting and informative newsletter. The editorial team for the Journal remained unchanged and the recently restructured Editorial Board was not further expanded. Steady progress has been made toward our objectives with the most immediate challenge being the optimisation of our online article submission and review process. The focus of the Journal has shifted largely to the electronic publication format, with only a limited number of printed copies being produced to provide to libraries and to selectively target recipients to gain wider recognition for the Journal. The standard of the Journal is steadily improving, with an increase in the contribution of original research papers. The editorial team has encouraged young colleagues, including cardiologists in training and scientists pursuing their masters and PhD degrees to publish their research in SA Heart®, and this strategy has provided young colleagues with a valuable vehicle to disseminate their research findings. The Journal continues to produce quarterly issues, and maintains the aim to feature one or more articles from each sub-editor’s portfolio in each issue. The immediate goal
of this strategy is to improve the diversity and quality of our featured articles, but also to move toward producing more frequent issues of the Journal in the future.

Some highlights from this year’s issues:

First quarter – this issue featured a number of interesting contributions relating to congenital heart disease (postsurgical management of tetralogy of Fallot, challenges with implementing pulse oximetry screening for congenital heart disease in the newborn, and diagnosis and treatment of pulmonary stenosis). Also featured was a much needed commentary on the state of local training programmes for cardiovascular perfusionists. An encouraging trend was the contribution by colleagues from both America and Europe – as well as the original research report from a South African research team.

Second quarter – the trend to attract original research reports from South African research teams continued with four reports of original research featured – two dealing with acute coronary syndromes, one paper addressing risk assessment in patients with infective endocarditis, and one reporting on 34 years of experience with tetralogy of Fallot in the absence of the pulmonary valve. This issue also marked a slight change in policy regarding the publication of case reports, highlighting this format as an important vehicle to disseminate information. This issue also saw the publication of the 50th ECG quiz – a popular and regular feature of our Journal. This feature, initiated in collaboration with the late AO Okreglicki, continues to produce informative ECG contributions of high quality produced by Ashley Chin and Rob Scott Millar. They are to be commended for their unwavering support of the Journal and for the quality of their contributions.

Third quarter – a landmark declaration on access to cardiac surgery in the developed world was co-published with the Annals of Thoracic Surgery. The drive to publish original research articles continued with 2 contributions on valvular heart disease (pre-surgery angiography and mitral valve repair surgery), a cases series of patients presenting with pulmonary embolism, and lipid profiles in patients presenting with acute myocardial infarction.
A case report discussed the unique management of a Fontan circuit fenestration and a case presented as an image in cardiology provided an excellent diagnostic approach to a patient presenting with a dilated right heart after a previous coarctation repair.

Fourth quarter – the Congress issue of SA Heart® will feature the abstracts of the 19th Annual SA Heart® Congress.

Last year I concluded the Annual report with the following statement: “Members of SA Heart® are called upon to support the Journal. There is still a hesitancy among academics at our cardiology training centres to submit their research to the SA Heart® Journal. In order to grow the Journal we need to feature more original research. The future of the Journal is in our hands.” I would like to thank my colleagues who heeded this call, but would like to repeat it for those who have so much to offer to further
improve our Journal – but who still hesitate to participate in order to enhance the standing of our Journal internationally.

Anton Doubell, Editor, SA Heart® Journal

SA Heart® Registry – SHARE
Committee members
Mpiko Ntsekhe (Chairperson), Erika Dau, Elizabeth Schaafsma, Karen Sliwa, Francis Smit, Jacques Scherman, Hellmuth Weich, Ashley Chin, Martin Mpe and Eric Klug.

2017-18 is the second full year that SHARE has run as an independent SA Heart® prospective registry programme with its new model for funding and functioning. The primary aims for this year were fourfold:
■ To consolidate the progress from the previous year;
■ To secure funding for the next 3 years;
■ To begin to publish and present data from the registries; and
■ To recruit and retain 2 new registries.
SHARE-TAVI registry is now running very well. All TAVI sites in the country are active with the overall case capture rate exceeding 85%. Over 530 procedural data entries have been captured to date, but with more than 16% of the 780 patients entered for evaluation for TAVI still awaiting funding decisions, the data shows that funding constraints are still the main throttle for this technology. The use of the patient evaluation report printed directly from the registry and submitted to the funder with the motivation for the procedure has helped to reduce the decision waiting period from an average of 180 days to an average of less than 80 days, and further fruitful discussions with Funders are helping to drive these figures down further.

In line with SHARE’s commitment to disseminate the data and information generated from the projects through publication and presentation of abstracts and papers, 4 abstracts were presented at meetings last year and this year abstracts have been accepted and presented locally at AfricaPCR 2018, at EuroPCR 2018, and at this year’s SA Heart® Congress.

In the interim TAVI participants have been invited to feedback meetings during the year, utilising other organised meetings such as AfricaPCR and SA Heart® Congresses as a forum to gather participants together conveniently for dissemination of information. With a large proportion of patients rapidly approaching their 1-year follow up due date, and more than 35% of patients already having completed their 2-year follow up date, we are in a position to offer more substantive data for publication and are busy with the first manuscript on the SA TAVI data.

Prof Karen Sliwa of the Hatter Institute at UCT, and Dr Priya Soma-Pillay lead the SHARE Cardiac Disease and Maternity Registry (CDM), which is coming to the end of its life cycle and winding down as the last few patients complete their follow up visits. As Prof Sliwa’s responsibilities at WHF have increased, she has handed over the lead in reporting on this registry to Dr Ferial Azibani, who is now in the process of preparing the first manuscript on this patient cohort.
Fund-raising remains a priority for the continued development and running of all the registry programmes. We are tremendously grateful to Medtronic and Edward Life Sciences for the very generous support of SHARE and the current programmes, and which have been extended for a further 3 years. This will enable the maintenance of the registries over the next 3 years, will allow for very important 5 year Follow Up data to be collected, and will also be used to support the continued analysis and publication of the outcomes, which has been one of the cornerstone aims of the SHARE registries.

The new Atrial Flutter/Fibrillation registry, led by Dr Martin Mpe and Prof Ashley Chin, was under development. The dataset has been finalised and application has been made by 10 sites for ethics approval. We would like to have a total of 15 sites, and invite all those interested in participating to contact the Investigators or Elizabeth Schaafsma urgently, to ensure that you will be ready to participate when the project is launched in late 2018. We are also very grateful to Pfizer for their ongoing commitment and sponsorship which has enabled the development of the AFib registry.

In addition to the initiation of SHARE-AFib, three additional device and drug registries are in contention to come on board pending ongoing evaluation and registration process at SAHPRA.

We look forward to continued growth in 2018-19 as we generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future. The committee remains thankful to individual members of SA Heart®, the SA Heart® Exco, Industry partners, Funders and hospital groups for their continued support for SHARE, and of course most importantly to the participants at all our sites.

Elizabeth Schaafsma and Prof Mpiko Ntsekhe, Chairperson, SHARE Committee

STEMI SA

STEMI SA had a successful year with contributions at national and international level.

STEMI SA activities

Stent-Save a Life!/STEMI Session at AfricaPCR 2018 Adriaan Snyders, as Regional Director for SSL Africa, opened the session and William Wijns shared the Stent-Save a Life! (SSL) 2017 accomplishments and strategy for 2018. The challenges in providing optimal STEMI care in countries like Sudan, Tunisia and South Africa were presented as well as their strategic intent for 2018. Rhena Delport, SSL Project Manager for South Africa, gave a lecture on data collection of STEMI management in Africa, highlighting the importance of data entry at the point of service and employing data for quality of care. Beside the SSL session, Adriaan Snyders hosted a very successful working dinner with representatives from across Africa to discuss problems and strategies for implementing the programme and collecting data.

EuroPCR 2018

Dave Kettles and Sajidah Khan contributed, amongst many other contributions, to the STEMI session on most educational cases in collaboration with the Pakistan Society of Interventional Cardiology and the SASCI. Sajidah Khan presented on
Difficult decision in critical STEMI patients in a joint SSL/STEMI session on stents and scaffolds, where Adriaan Snyders acted as a panellist, and facilitated a session on thrombus management. She also chaired a session where selected clinical cases were presented. Adriaan Snyders also contributed as panellist to a session on the usefulness of OCT in complex PCI.

Stent-Save a Life! Forum at EuroPCR 2018
Rhena Delport served as panellist during a session on Utilising modern technology in STEMI care, and Adriaan Snyders co-chaired a session on Updates in STEMI care. Rhena Delport attended the Global Project Managers’ SSL Meeting and was elected to collaborate in a joint initiative between STEMI India and SSL to develop globally relevant SOPs and guidelines for STEMI management resulting from a collaboration between SSL and STEMI India. The other countries that are represented in the task force are Argentina, China and Portugal.

Stemi India 2018
Due to a shortage of funds, Rhena Delport was the representative for STEMI and contributed to discussion at the SSL STEMI Pan-Africa Group Meeting. She was invited to attend The Steering Committee Meeting of STEMI INDIA 2018 where extremely insightful information was shared.

STEMI SA Stent-Save a Life (SSL) activities
Adriaan Snyders, as the Regional Director for SSL Africa, had numerous formal and informal meetings with STEMI Champions in Africa. Urgency to progress in the development of systems of care in the African context is evident in some of the regions but lacking in others.

Crossroads meeting
Christoph Naber, the President of SSL gave an insightful presentation at the Crossroads meeting (2018) and gained much needed information on interventional cardiology in South Africa from the excellent presentations made by our cardiologists.

Training
Training of all health care workers at First Medical Contact remains Adriaan Snyders’ primary priority as STEMI Champion for South Africa. Collaboration commenced with the SA Heart® and Stroke Foundation who envisage to launch a programme similar to the Stroke Programme (Angels Programme) as a joint initiative between Boehhringer Ingelheim and Emergency Physicians from Wits who are taking responsibility for national rollout of training on ACS management as well as the development of referral networks. Finalisation of new training material and training meetings in Cath Lab Centers should be completed by the time of SA Heart® 2018 Congress. The STEMI SA developed its own training material under the leadership of Rhena Delport. Charle Viljoen from UCT, Eamon Maree and Jean Vorster contributed with ECG Training Material and Willem Stassen and other EMS providers contributed material on referral patterns and patient transfer protocols. This is used by STEMI SA for smaller group training in referral centres, and is made available to Hospital groups for their in-house training. STEMI SA also advises hospital groups in the development of their SOPs for STEMI managements toward improved quality of care.
STEMI SA Registry

We are in Phase I (Baseline data collection) of the project and data will be collected continually in tandem with training by/at designated Hub (PCI-capable) hospitals. Phase II entails impact measurement of structured referral systems and use of electronic media/devices for referral where possible, and here the focus is on First Medical Contact.

Two academic institutions (Wits and US), 3 hospital groups, and 9 private hospitals are supporting the project. The regions that are represented are Gauteng, Eastern Cape, Western Cape and Mpumalanga, which gives us reasonable coverage and representation. We are extremely thankful for the assistance provided by Medtronic (Chenita Vernon), Boehringer Ingelheim (BI) (Abner Moloele), and SASCI Office (Wihan Scholtz), and all participating cardiologists and Hospital Groups for their support and contributions. Ahmed Vachiat launched the project at Charlotte Maxeke Hospital and did a tremendous job training referral hospitals (with the support of BI). He improved systems for referral by developing a referral letter and customised their data capture form to assist accurate data collection from first medical contact. Adriaan Snyders made progress at Wilgers Life Health Hospital and they changed their AMI data collection form to include the relevant data STEMI SA seeks to obtain. Netcare and Mediclinic are working with Rhena Delport to further collect data.

I thank the team for their contribution:
Adriaan Snyders Champion/Chairman, STEMI SA and SSL Africa
Rhena Delport Project Manager
George Nel and Medsoc Logistic administration and finances
Dave Kettles STEMI SA and SSL Ambassador
Ahmed Vachiat Representing Public Health
Medtronic Supporting the Registry
Boehringer Ingelheim, Medtronic and Biotronic our primary industry supporters

Adriaan Snyders, Champion/Chairman, STEMI SA and SSL Africa